

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040345

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 524

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0499

2 0730

3

4 0

5 1

6

7 0

8 2

9 545X

10

11

12 4-0

13 20

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 6 1963

1. PLACE OF DEATH

a. COUNTY

Newton JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)

Joplin, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Freeman Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Newton

admission)

c. CITY

OR

TOWN

Seneca Mo.

Inside Limits

Yes ☐ No ☒

d. STREET

R.R. 2

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Guy Augusta Gilman

4. DATE

OF

DEATH

Month

Day

Year

Oct. 25 1963

5. SEX

male

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-26-1898

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer - Stockman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Newton County, U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Milan Gilman

13b. MOTHER'S MAIDEN NAME

Martha Dooley

14. NAME OF HUSBAND OR WIFE

Etta Gilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Etta Gilman

Address

Seneca Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Perforated viscus (abd)

INTERVAL BETWEEN

ONSET AND DEATH

2-4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Irreversible shock precluding surgery.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-24-63 to 10-25-63

and last saw him alive on 10-25-63

Death occurred at 12:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edgar M. W.

22b. ADDRESS

2509 Jackson, Joplin, Mo.

22c. DATE SIGNED

10-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-27-63

23c. NAME OF CEMETERY OR CREMATORY

Hornet Cemetery

23d. LOCATION (City, town, or county)

Rt. 2 Seneca Mo.

(State)

24. FUNERAL DIRECTOR

Don R. Houch, Seneca Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-1-1963

26. REGISTRAR'S SIGNATURE

Dore Merriam

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Don R. Loush

Licensed Embalmer No.

5113

P. O. Address

Seneca, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.